P.O. BOX 690 JEFFERSON CITY, MO 65102-0690

THIS FORM MAY BE DUPLICATED

FORM 2

## **INSTRUCTIONS**

- 1. Please type.
- 2. This form must be submitted with the Financial Report to the Department of Insurance, Financial Institutions and Professional Registration on or before March 1.
- 3. A \$250.00 filing fee must be submitted with this notification form.

NAME OF ADMINISTRATOR		
NAME OF INSURER/TRUST FOR WHICH THE ADMINISTRATOR HAD AN AGREEMENT DURING THE PRECEDING FISCAL YEAR.	LEGAL ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)	HOW IS INSURER OR TRUST INSURED: LICENSED CO., SELF-INSURER, OR STOP LOSS COVERAGE. PLEASE INDICATE BELOW.
On behalf of the Administrator, we verify the above insurer/trust agreement(s) exist with the Administrator.		
AUTHORIZED SIGNATURE DATE		
AUTHORIZED SIGNATURE		DATE

MO 375-1684 (11-11)